Damage *to* Irrigation *work?*

527. SHRl D. B. CHANDRE GOW DA: WilL the Minister of WATER RE SOURCES be pleased to state:

(a.) whelher Government have set up a special task force to assess the damage to irrigatioj, works during t'ne recent Roods in (he country;

(b) *if* so, by when the task force is likety to submil its report;

I.e) the details of the irrigation sites, likeiy 10 be visited by the task force; and

(d) the steps Government proposa to take to get the irrigation works repaired?

IHE MINISTER OF STATE LN THE MINISTRY OF WATER RESOURCES (SHRIMATI KRISHNA SAHI): (a) to (d) Special Task Force was set up in respect of Punjab and Haryana States. After inspecting flood damages lo irrigation works, the Task Force submitted its report on 5th November. Provisions foi ui-gent repairs to damage^ irrigation works have been indicated to the States of Punjab and Haryana.

Tribal Health research centres

528. SHRI HARVENDRA SINGH HANSPAL: Will the Minister of HEALTH AND FAMILY WELFARE be plea sed to state:

(a) whether Government propose to set up a chain of tribal Health research centres in the country in the nea,- future;

(b) if so, the State in which such research centres would be set up. and

(ei to whal extent the tribal and rural people will be benefited by these research centres?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SFTRT MOTI LAL VORA) : (a) to (c) There is no proposal to set up a chain of Tribal Health Research Centres in the country as two Regiona] Medical Research Centres established by Indian Council of Medical Research are functioning at Jabalpur and Pott Blair. Besides the Clinical Research Units set up by Central Council for Research in Homoeopathy are located at (1) Aizwal (2) Bastar (3) Bharmaur (4) Bharauch I5J Dandli (6) Darjeeling 17) Diphu (8) Gonda (9) Idukki UO) Eta Nagar (II) Jaipur (12) Kohima (13) Leh (14) Manipur (15) Pondichem (16) Ranchi (17) Salem *(IS)* Sambalpur (19) Shillong (20) Sikkim (21) Tripura (22) Vijayavada. Moreover five tribal Health Caie Research Projects in Ayurve da set up by the Central Council for Research in Ayuiveda and Siddha (CCRAS] are located at (I) Zire (21 Car Nicobar (3) Palamau *(4)* Jhabua and (5) Dhuli: two projects in Siddha are located at (1) Thripathu,- anj Chika-mang!ore; and one project in Amchi system of Medicine is at Leh. In addition to this two Regional Research Centres of CCRAS functioning at Eta Nagar and Gangtok.

Identification of dnij; for Trachoma Control I'rogramme

529. DR. (SHRIMATI) SAROJINI MAHISHI: Wil] the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Unstarred Question 4210 given in the Rajya Sabha on the 31st August. 1988 and state:

(a) what are the reasons for not using ORG sales figures to identify drugs for Trachoma Control Programme when medicines for eye diseases are not direct pm chased by the Government;

Ob) what are the reasons fo, ignoring principles and criteria while identifying obsolete drugs like Tetracycline and Hydrocortisone for eye preparations; nnd

(c) what steps have been taken to rectify rne situation and AT responsibility on those who tool; wrong action duc to vested interest?

THE MINISTER FOR HEALTH AND FAMILY WELFARE (SHRl MOTI T At VORA): (a) to fc) As already stared in reply to Rajya Sabha Unstarred Question No. 4210 dated 31-8-88. commonly used effective drugs for control of Trachoma and Blindness were tecommended for Price Control under Category T on the advise of the Director General of Health